

## GOVERNMENTAL RELATIONS RETAINER AGREEMENT

This Governmental Relations Retainer Agreement is entered into between the Monroe County School District (the "District") and the law firm of Bryant Miller & Olive, P.A. ("Bryant Miller & Olive" or the "Firm") as of 6 JAN 2004.

WHEREAS, the District desires to be more effective in communicating with the Legislative and Executive Branches of government in Florida ("Governmental Relations"); and

WHEREAS, the District believes it is very important to obtain assistance with Governmental Relations expertise to work with District officials to enhance relationships with the local legislative delegation, the Governor's office, and other local and state government entities and agencies.

NOW, THEREFORE, in consideration of the terms and conditions contained herein, the parties agree as follows:

### SECTION 1. GOVERNMENTAL RELATIONS PROFESSIONAL SERVICES.

(A) Bryant Miller & Olive will provide Governmental Relations professional services to the District and represent the District on matters before the legislative and executive branches of government in Florida. All such services will include consultation with the District through its Superintendent, General Counsel, and, as required from time to time, by presentation directly to the District School Board.

(B) All Governmental Relations work shall be carried out in accordance with general policies and goals set by the District which include working with governmental representatives and consultants who represent the Monroe County Board of Commissioners, each of the municipalities within the Florida Keys or any other State or local governmental entity affected by or affecting the District, including but not limited to the administration and staff of the Department of Environmental Protection, Department of Community Affairs, and the Executive Office of the Governor.

(C) Such professional services and assistance are to be provided upon a negotiated fee basis as provided herein and shall generally include

(1) sharing the Firm's experience and prior exposure in Governmental Relations by filling the leadership role in communicating with other governmental entities and agencies and advancing the goals and objectives of the District;

(2) monitoring legislative or executive initiatives which may affect the District or its goals and policies;

(3) lobbying and advocating before executive and legislative agencies or branches of government in Florida;

(4) providing advice and research relating to issues important to the District's governmental relations and suggesting strategies for implementation of policy direction provided to the Firm by the District;

(5) assisting the District in developing a legislative and executive branch strategy and implementation plan for each legislative session; and

(5) serving as a facilitator to focus District officials and staff on necessary policy decisions, listening to policy direction and working with the District to fashion an effective strategy in dealing with the legislative and executive branches of Florida government.

## **SECTION 2. COMPENSATION FOR GOVERNMENTAL RELATIONS PROFESSIONAL SERVICES.**

(A) Bryant Miller & Olive will be compensated for the professional services described herein based upon an annual negotiated fee of Twenty Four Thousand and No/100 Dollars (\$24,000.00) per year payable monthly in installments of Two Thousand and No/100 Dollars (\$2,000.00) on or before the 15<sup>th</sup> of each month.

(B) Governmental Relations professional services will be provided primarily by Ron Saunders, Cari Roth and Randall Hanna. However, other professionals or members of the Firm may assist in providing Governmental Relations professional services under this Retainer Agreement.


(C) Services not directly related to the provision of Governmental Relations professional services by members of the Firm (e.g. bond counsel services, special counsel services) will be billed separately in accordance with other engagement or retainer agreements between the Firm and the District.

(D) In addition to any negotiated fees for services to be provided hereunder, the Firm shall be entitled to receive reimbursement for actual costs incurred, such as computer printing or photocopies, long distance telephone charges, travel expenses and overnight delivery charges. Any travel expenses will be reimbursed in accordance with Section 112.061, Florida Statutes. The Firm shall submit an invoice for such expenses actually incurred in providing Governmental Relations professional services periodically, but not more often than monthly.

## **3. TERM; TERMINATION.**

IN WITNESS WHEREOF, the Monroe County School District and Bryant Miller & Olive, P.A. have caused this Governmental Relations and Professional Services Agreement to be executed on this \_\_\_\_ day of \_\_\_\_\_ 2004.

BRYANT MILLER & OLIVE, P.A.

By:   
Shareholder and Authorized Signatory

DISTRICT SCHOOL BOARD OF MONROE COUNTY  
MONROE COUNTY, FLORIDA

VENDOR  
NAME

BRYANT MILLER & OLIVE, P.A. NO. 072054

INVOICE/REFERENCE	INVOICE DATE	P.O. NUMBER	INVOICE AMOUNT	NET AMOUNT
SERVICE JAN&FEB2004	02/10/04		\$310.20 ✓	\$310.20
SERVICE JAN/FEB2004	02/25/04		\$492.91 ✓	\$803.11
SERVICE/JAN&FEB2004	02/02/04		\$346.23 ✓	\$1,149.34
SERVICES/JAN&FEB2004	01/22/04		\$616.74 ✓	\$1,766.08
19896	04/23/04	40002769	\$2,000.00 ✓	\$3,766.08
20134	04/23/04	40002769	\$2,000.00 ✓	\$5,766.08

*before 2005*

3

Adventures in travel




**\*\* Duplicate Electronic Invoice \*\***

For: SAUNDERS, RONALD  
BRYANT, MILLER & OLIVE, P.A.


Ticket #: 7480272814  
Credit Card #: AXXXXXXXXXX22344  
Agent ID: SUZETT  
Break 1 :  
Break 2 :  
Break 3 :

Invoice Number: 1064355  
Invoice Date: 01/21/2004  
Record Locator: EETPII  
Booked Date: 01/21/2004

---

	01/22/2004	Depart: TALLAHASSEE, FL	6:00 am	DELTA	Flight #: 5301	Class: H
		Arrive: ORLANDO, FL	6:59 am			
		Depart: ORLANDO, FL	8:45 am	DELTA	Flight #: 6351	Class: H
		Arrive: KEY WEST, FL	9:47 am			
	01/23/2004	Depart: MIAMI, FL	6:05 pm	DELTA	Flight #: 6412	Class: M
		Arrive: TALLAHASSEE, FL	7:33 pm			

---

	01/22/2004	BUDGET REN	Type of car: CCAR	# of Days: 1
		KEY WEST, FL		Booked Rate (per day): \$44.99

---

	No Hotel Bookings
---	-------------------

---

**Summary of Charges**

DELTA -- Ticket #: 7480272814 :	\$457.80
Adventures in travel Service Fee :	\$30.00
	<u>\$487.80</u>

# EXPENSE REPORT

<u>Traveler</u> Ron Saunders	<u>Id Number</u> 5	<u>Date of Travel</u> 1/22/04 - 1/23/04
---------------------------------	-----------------------	--

Description of Expenditure	Firm	Personal	TOTAL
	American Express Card	Cash/Credit Card	
Air Fare	\$ 487.80		
Car Rental			
Gas			
Hotel			
Hotel Meals			
Hotel Phone			
Mileage (.36 Mile)		\$ -	
Other Meals			
Parking			
Taxi			
Tips			
Tolls			
Miscellaneous		\$ -	

Total Due Attorney		
Total Client Charge		\$ 487.80

Client Number:	1107
Client Name:	Monroe County School District
Destination (City/State):	Key West
Reason for Travel:	Attend School Board meetings
Special Instructions:	

Receipts for meals and entertainment must have name, title and business purpose on back.

Accounting Department Use Only

Meals: \$	Travel: \$ 487.80
-----------	-------------------

RECEIVED

POSTED  
2/16/04

050 4800 4012 0679

Budget.

FORM # FLS-115-5 (9/02)  
INSURANCE CERTIFICATE NO. (TRUCKS ONLY)

12/02  
RGE SAUNDERS  
FT TALLAHASSEE

BUDGET ROADSIDE CARE (800) 858-5377

CREDIT IDENTIFICATION OR BILLING INSTRUCTIONS  
RENTER

VEHICLE NO./OWNING LOCATION  
359155 RHOSEVILLE  
777825 FL

RENTAL AGREEMENT NUMBER  
EYWAAP285379

ADDITIONAL DRIVER  
SAUNDERS  
200.00

RETURN LOCATION  
MIAMI AIRPORT  
RETURN AT 172 BUL

REMARKS  
1/23/04  
MILES 04

DATE  
1/23/04

MILEAGE IN  
10790

MILEAGE OUT  
10790

MILES DRIVEN  
10790

RATE  
11.11

MIN MAX  
11.11 11.11

RATE QUALIFICATIONS  
DAILY RATE IS BASED ON A 24 HOUR DAY MINIMUM CHARGE  
DISCOUNT RATES ONLY FOR SPECIFIED PERIOD  
RATES DO NOT INCLUDE FUEL OR REFUELING CHARGE  
RENTER PURCHASED FUEL AT TIME OF RENTAL (PARA. 6)

LDW TRUCK DAMAGE LIMIT: \$ (see paragraph 4)  
**THEFT, VANDALISM AND DAMAGE TO RENTED VEHICLE:** Renter is responsible for all loss and damage as described in paragraph 4. Renter may avoid or limit this responsibility by purchasing a Loss Damage Waiver.  
**PERSONAL INJURY AND PROPERTY DAMAGE:** THE VALID AND COLLECTIBLE LIABILITY INSURANCE AND PERSONAL INJURY PROTECTION INSURANCE OF ANY AUTHORIZED RENTAL OR LEASING DRIVER IS PRIMARY FOR THE LIMITS OF LIABILITY AND PERSONAL INJURY PROTECTION COVERAGE REQUIRED BY §§ 324.021(7) AND 627.736, FLORIDA STATUTES. Budget provides protection as described in paragraph 5, subject to Renter's indemnification (paragraph 6).

ALL INFORMATION ENTERED ON THIS PAGE IS CORRECT UNINCLUDING OPTIONS ACCEPTED OR DECLINED BY ME, AND I AGREE TO ALL TERMS OF THIS AGREEMENT (PAGES 1, 2, 3 AND 4).

LOSS DAMAGE-WAIVER (LDW) RATE PER DAY 11.11  
EMERGENCY SICKNESS PROTECTION (ESP) OR AUTO TOW PROTECTION (ATP) RATE PER DAY 11.11  
PERSONAL ACCIDENT AND EFFECTS OR CARGO INSURANCE (PAE/COR) RATE PER DAY 11.11  
SUPPLEMENTAL LIABILITY INSURANCE (SLI) RATE PER DAY 11.11  
RENTER IS RESPONSIBLE FOR ALL INJURY AND DAMAGE CAUSED BY UNAUTHORIZED DRIVERS

WK=4DAY MIN  
DAYR 44.99  
MOTOR 15.00  
WEEKR 674.85  
TAXSM/TIRE-BAT/VLF 2.54/DAY  
CONCESSION FEE @11.11%  
TAX @ 7.500%  
REFUELING SERVICE CHG \$5.42  
FUEL OUT 478 IN 764L

OUR ESTIMATED CHARGES INCLUDING TAXES AND OPTIONAL SERVICES IS RETURNED BY 12:00 PM 1/23/04

OUT: 01/22/04 0946 VEHICLE#: 177225  
IN: 01/23/04 1806 CLASS: CCAR  
MILES DRIVEN: 178 RET LOC: MIAXP  
2- DAYR 44.99 89.98  
TOTAL T & M 89.98  
TAXSM/TIRE-BAT/VLF 2.54/DAY 5.08  
CONCESSION FEE @11.11% 10.00  
TAX @ 7.500% ON 105.06 7.88  
SUBTOTAL 112.94  
CHARGED 112.94

TO: VI 0679  
R: 1498

FOR CUSTOMER INQUIRIES PLEASE CALL 1-800-984-9117

FREE golf clubs or rental awards.  
PERFECT DRIVE. Details at counter

THANK YOU for renting from BUDGET  
This is your receipt  
No other copies will be provided  
Close

RECEIPT

TALLAHASSEE REGIONAL AIRPORT

-----6523 22:55:30 01-23-2004 01-----

4500 3 5118 05:06 01/22 22:55 01/23

PARKING 16.00

CASH 16.00

REPUBLIC PARKING SYSTEM

PHONE 850-576-6023

-----THANK YOU FOR PARKING WITH US-----

# EXPENSE REPORT

<b>Employee Name</b> Ron Saunders	<b>Employee Number</b> 5	<b>Date of Travel</b> January 22-23, 2004
<b>Personal</b>		
<b>Description of Expenditure</b>	<b>Firm American Express Card</b>	<b>Cash/Credit Card</b>
<b>TOTAL</b>		
Air Fare		
Car Rental		\$ 112.94
Gas		
Hotel		
Hotel Meals		
Hotel Phone		
Mileage (.375 Mile)		\$
Other Meals		
Parking		\$ 16.00
Taxi		
Tips		
Tolls		
Miscellaneous		
<b>Total Due Attorney</b>		\$ 128.94
<b>Total Client Charge</b>		\$ 128.94
<b>Client Number:</b>	1107	
<b>Client Name:</b>	Monroe County School District	
<b>Destination (City/State):</b>	Key West, FL	
<b>Reason for Travel:</b>	To attend meetings	
<b>Special Instructions:</b>		
Receipts for meals and entertainment must have name, title and business purpose on back.		
<b>Accounting Department Use Only</b>		
<b>Meals:</b>	<b>Travel:</b>	128.94

POST  
3/16/04



# Adventures in travel




## **\*\* Duplicate Electronic Invoice \*\***

For: SAUNDERS, RONALD  
BRYANT, MILLER & OLIVE, P.A.

Ticket #: 7486005993  
Credit Card #: XXXXXXXXXXXX22344  
Agent ID: SUZETT  
Break 1 :  
Break 2 :  
Break 3 :

Invoice Number: 1065427  
Invoice Date: 02/24/2004  
Record Locator: IURETA  
Booked Date: 02/24/2004

	02/25/2004	Depart: TALLAHASSEE, FL Arrive: FT LAUDERDALE, FL	11:55 am 1:15 pm	DELTA	Flight #: 6408	Class: Q
	02/27/2004	Depart: FT LAUDERDALE, FL Arrive: ORLANDO, FL Depart: ORLANDO, FL Arrive: TALLAHASSEE, FL	12:00 n 12:59 pm 2:25 pm 3:28 pm	DELTA DELTA	Flight #: 6353 Flight #: 6426	Class: H Class: H

	02/25/2004	THRIFTY FT LAUDERDALE, FL	Type of car: CCAR	# of Days: 2
				Booked Rate (per day): \$33.95

 No Hotel Bookings

### Summary of Charges

DELTA -- Ticket #: 7486005993 :	\$354.30
Adventures in travel Service Fee :	\$30.00
	<u>\$384.30</u>

FT L	SALE	
RENTAL RE-		JE0439880
SAUNDERS	RONALD	
COMPLETED		CA4676
RENTED:	MUDERDALE	
RENTAL:	1-04	1353
RETURN:	1-04	1032
MILES IN:	OUT:	17300
MILES ORI	394	
PLAN IN/O	SPC	/WALK
CLS: CCAR		
2 DAYS	33.95	67.90
SUBTOT		67.90
TAXABLE T		67.90
SALES TAX	UDED	
CONCFEERE		6.88
TAG REC		.94
FL SURCHG		4.10
FLATAX		4.79
NET DUE		84.61
PAYMENTS		-84.61
PAID BY:		
CREDIT CA		*****0679

RECEIVED  
JAN 10 1968  
U.S. AIR FORCE  
HEADQUARTERS  
WASHINGTON, D.C.  
AIR MAIL

TO : THE SECRETARY OF DEFENSE  
ATTENTION: CHIEF OF STAFF  
FROM : THE JUDGE ADVOCATE GENERAL  
DATE: JAN 10 1968  
SUBJECT: [illegible]

TELEPHONE PARKING SYSTEM  
PHONE 800-578-6007  
-- THANK YOU FOR PARKING WITH US --

Dania, FL  
STN 00047269

02/27/04 10:04:01

UISA  
XXXXXXXXXXXX0679  
Invoice# 6973064  
Auth# 002354

Pump#:	6		
1.136 G	@	\$	1.759
Unle/Self		\$	2.00
Total		\$	2.00

Thank you for choosing T.

THANK YOU FOR  
THE OUTLOOK

APR 16 2004

**Travel Voucher**

V# 15354

To: District School Board of Monroe County

From: Name Bryant Miller & Olive, PA

Address 201 So. Monroe St., Suite 500

City & Zip Tallahassee, Florida 32301

Expenses incurred for attending: Consulting Services for January and February

From: Tallahassee To: Key West Date: 2/25-27/04 Hour of  
Point of Origin Point of Departure Departure:

Arrived from: \_\_\_\_\_ Date: \_\_\_\_\_ Hour: \_\_\_\_\_

Per diem: \_\_\_\_\_ @ \$50.00 . . . . . \$ \_\_\_\_\_  
Number of Days

Registration Fee (Receipt must be attached). . . . . \$ \_\_\_\_\_

Number of Miles \_\_\_\_\_ @ \$1.29 . . . . . \$ \_\_\_\_\_

Airplane fare (copy of airline ticket must be attached). . . . . \$ 384.30

Other incidental expense car rental + parking . . . . . \$ 84.61  
Specify and attach receipts

TOTAL . . . \$ 492.91

Travel Expenses  
to be paid by:

School FTE \_\_\_\_\_ District \_\_\_\_\_ Internal Funds \_\_\_\_\_ # \_\_\_\_\_ Federal Proj. \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**\*TRAVEL VOUCHERS MUST BE RECEIVED IN THE DISTRICT OFFICE WITHIN 30 DAYS OF THE RETURN DATE IN ORDER TO BE CONSIDERED FOR REIMBURSEMENT.**

I hereby certify or affirm that this travel claim is true and correct in every material matter and that the expenses were actually incurred by the undersigned as necessary travel expenses in the performance of my official duties.

Approved by: \_\_\_\_\_

Payee: LSA  
Signature

Principal or Supervisor  
[Signature]  
School or Department

Date: 3/26/04

Superintendent  
[Signature]

**PAID**

VOUCHER # 72054

DATE 4-23-04

Using as follows

FUND	YEAR	PROJECT	FUNCTION	OBJECT	CENTER	PROGRAM	TOTAL
040		000	7100	0330	900,		492.91

(See Other Side for Instructions)

# EXPENSE REPORT

<b>Employee Name</b> Ron Saunders	<b>Employee Number</b> 5	<b>Date of Travel</b> February 25-27, 2004
<b>Description of Expenditure</b>	<b>Firm American Express Card</b>	<b>Personal Cash/Credit Card</b>
<b>TOTAL</b>		
Air Fare	\$ 384.50	
Car Rental		\$ 84.61
Gas		
Hotel		
Hotel Meals		
Hotel Phone		
Mileage (.375 Mile)		\$
Other Meals		
Parking		\$ 24.00
Taxi		
Tips		
Tolls		
Miscellaneous		
<b>Total Due Attorney</b>		\$ 108.61
<b>Total Client Charge</b>		\$ 493.11
<b>Client Number:</b>	1107	
<b>Client Name:</b>	Monroe County School District	
<b>Destination (City/State):</b>	Key West, FL	
<b>Reason for Travel:</b>	To attend meetings	
<b>Special Instructions:</b>		
Receipts for meals and entertainment must have name, title and business purpose on back.		
<i>Accounting Department Use Only</i>		
<b>Meals: \$</b>	<b>Travel: \$</b>	<b>493.11</b>

POSTED  
3/16/04

# Adventures in travel




## **\*\* Duplicate Electronic Invoice \*\***

For: SAUNDERS, RONALD  
BRYANT, MILLER & OLIVE, P.A.

Ticket #: 7483915102  
Credit Card #: AXXXXXXXXXX22344  
Agent ID: SUZETT  
Break 1 :  
Break 2 :  
Break 3 :

Invoice Number: 1064946  
Invoice Date: 02/09/2004  
Record Locator: FGKSZN  
Booked Date: 02/09/2004

	02/10/2004	Depart: TALLAHASSEE,FL	2:20 pm	DELTA	Flight #: 6362	Class: H
		Arrive: MIAMI,FL	3:45 pm			
	02/12/2004	Depart: MIAMI,FL	12:25 pm	DELTA	Flight #: 6387	Class: H
		Arrive: TALLAHASSEE,FL	1:53 pm			

 No Car Rentals

 No Hotel Bookings

### Summary of Charges

DELTA -- Ticket #: 7483915102 :	\$264.20
Adventures in travel Service Fee :	\$30.00
	<u>\$294.20</u>

RECEIPT  
TALLAHASSEE REGIONAL AIRPORT  
02/14 13:47:39 02-12-2004 01-----  
2006 4 136073 13:04 02/10 13:47 02/12  
PARKING 16.00  
CASH 21.00  
CHANGE 5.00  
REPUBLIC PARKING SYSTEM  
PHONE 850-576-6022  
THANK YOU FOR PARKING WITH US

THINNY CAR RENTAL

000033142

Car To Be Returned To Above Unless Stated Below

Customer Information

SAUNDERS RONALD CUST#: 905761  
2010 LANSK ROAD  
TALLAHASSEE FL 32308  
3900 FL 10/30/2004 350-866-6500  
ADD'L DRIVER: None

MIN CHG 1 DAY-24 HRS

CREDIT CARD AUTHORIZATION/CASH DEPOSITS  
VI/\*\*\*\*\*0679/005269/ 200.00/A/02/02/2004

VEH#: 445318-6  
LIC.H: W13160 STALL#: 42  
04 FORD Taurus  
Rate: RCUD1 C15: F0AR 920001  
FUEL LEVEL OUT: FULL  
MILEAGE OUT: 4221

CUSTOMER DECLINES PDW AND IS RESPONSIBLE FOR LOSS OR DAMAGE PER TERMS OF THE RENTAL AGREEMENT.

UMP DECLINED  
SLI DECLINED  
PAC DECLINED

BY YOUR INITIALS YOU ACKNOWLEDGE YOU HAVE ACCEPTED OR DECLINED THE ABOVE OPTIONAL ITEMS: X

DS  
J01830/728

18507025

02/04/2004 J0831752-0

TIME OUT 02/02/2004 1720  
TIME IN  
\*\*RENTAL RATES\*\* EST CHG  
Hours 7.00/ mls  
Days 19.75/ mls 39.50  
Xday 19.79/ mls

Unlimited mls  
Fuel 4.99/gal  
VEH LIC FEE .47/Day .94  
FLORIDA SURC 2.05/Day 4.10  
STATE TAX 7.000X 3.40  
PRIVILEGE FE 9.890X 4.81  
\*\*ESTIMATED CHARGES\*\* 52.03

I ACKNOWLEDGE THAT I HAVE RECEIVED THE VISITOR'S INFORMATION MAP OR HAVE THE RIGHT TO RECEIVE THE VISITOR'S INFORMATION MAP.  
ESTIMATED/ACTUAL CHARGES MAY VARY

A per hour rate for late returns is charged right after the start of new Rental Day. SLI/TAGL excludes named insureds/family members.  
**FLORIDA - NOTICE TO RENTERS**

Valid and collectible liability insurance and personal injury protection insurance of any authorized rental or leasing driver is primary limits of liability and personal injury coverage required by ss. 324.021 (7) and 627.736, Florida Statutes.

Please be advised that SLI excludes coverage for claims by Your or Additional Authorized Driver's family members related to blood, marriage or adoption and residing with You or them.

These terms supersede any conflicting terms stated elsewhere.



MIAMI  
RENTAL RECORD: J08317520  
SAUNDERS RONALD  
COMPLETED BY: J04316  
RENTED: MIAMI  
RENTAL: 02-02-04 1720  
RETURN: 02-04-04 1651  
MILES IN: 4566 OUT 4221  
MILES DRIVEN: 345  
PLAN IN/OUT: SPC /RCUD1  
CL5: 1 CAR  
2 DAYS 19 39.58  
SUBTOT 39.58  
TAXABLE TOT 39.58  
SALES TAX INCLUDED 94  
TAG LIC 4.10  
FL SURCHG 3.40  
FLATA 4.01  
PRIVILEG FEE 52.03  
NET DUE 52.03  
PAYMENTS  
PAID BY: VI \*\*\*\*\*0679  
CREDIT CARD #:

Thank you for choosing Thinny Car Rental.

Initial Agreement between me and the company, identified above (Thinny Company). By signature below, the undersigned, who is/are, and he/they that they are hereby agreeing to provide the car to the undersigned and that the car is to be used for the purpose of the rental and that the undersigned is/are responsible for the car and its contents and for any damage to the car or its contents and for any loss of the car or its contents and for any other liability that may arise from the use of the car. No additional drivers are permitted without Rental Company's approval.

RENTER X

ADDITIONAL RENTER

APR 17 2004

**Travel Voucher**

V# 15354

To: District School Board of Monroe County

From: Name Bryant Miller & Olive, PA

Address 201 So. Monroe St., Suite 500

City & Zip Tallahassee, Florida 32301

Expenses incurred for attending: Consulting Services for January and February

From: Tallahassee To: Key West Date: 2/2-4/04 Hour of Departure: \_\_\_\_\_  
Point of Origin Point of Departure

Arrived from: \_\_\_\_\_ Date: \_\_\_\_\_ Hour: \_\_\_\_\_

Per diem: \_\_\_\_\_ @ \$50.00 . . . . . \$ \_\_\_\_\_  
Number of Days

Registration Fee (Receipt must be attached). . . . . \$ \_\_\_\_\_

Number of Miles \_\_\_\_\_ @ \$1.29 . . . . . \$ \_\_\_\_\_

Airplane fare (copy of airline ticket must be attached). . . . . \$ 254.28

Other incidental expense Rental car . . . . . \$ 52.03  
Specify and attach receipts

TOTAL . . . \$ 346.23 *24*

Travel Expenses to be paid by: \_\_\_\_\_  
School FTE District Internal Funds # Federal Proj. Other (Specify)

**\*TRAVEL VOUCHERS MUST BE RECEIVED IN THE DISTRICT OFFICE WITHIN 30 DAYS OF THE RETURN DATE IN ORDER TO BE CONSIDERED FOR REIMBURSEMENT.**

I hereby certify or affirm that this travel claim is true and correct in every material matter and that the expenses were actually incurred by the undersigned as necessary travel expenses in the performance of my official duties.

Approved by: \_\_\_\_\_  
Principal or Supervisor  
B. Board  
School or Department  
\_\_\_\_\_  
Superintendent

Payee: [Signature] Signature  
Date: 3/26/04

**PAID**  
VOUCHER # 72054  
DATE APR 23 2004

Charge as follows

FUND	YEAR	PROJECT	FUNCTION	OBJECT	CENTER	PROGRAM	TOTAL
0110		0001	7100	0330	9001		346.23

(See Other Side for Instructions)

# EXPENSE REPORT

<u>Employee Name</u> Ron Saunders	<u>Employee Number</u> 5	<u>Date of Travel</u> February 2-4, 2004
<u>Description of Expenditure</u>	<u>Firm American Express Card</u>	<u>Personal Cash/Credit Card</u>
<b>TOTAL</b>		
Air Fare	\$ 294.20	
Car Rental		\$ 52.03
Gas		
Hotel		
Hotel Meals		
Hotel Phone		
Mileage (.375 Mile)		\$
Other Meals		
Parking		
Taxi		
Tips		
Tolls		
Miscellaneous		
Total Due Attorney		\$ 52.03
Total Client Charge		\$ 346.23
Client Number:	1107	
Client Name:	Monroe County School District	
Destination (City/State):	Key West, FL	
Reason for Travel:	To attend meetings	
Special Instructions:		
Receipts for meals and entertainment must have name, title and business purpose on back.		
Accounting Department Use Only		
Meals: \$	Travel: \$	346.23

**POSTED**  
3/16/04



# EXPENSE REPORT

<u>Employee Name</u>	<u>Employee Number</u>	<u>Date of Travel</u>
Ron Saunders	5	February 10-12, 2004

Description of Expenditure	Personal		TOTAL
	Firm American Express Card	Cash/Credit Card	
Air Fare	\$ 294.20		
Car Rental			
Gas			
Hotel			
Hotel Meals			
Hotel Phone			
Mileage (.375 Mile)		\$	
Other Meals			
Parking		\$ 16.00	
Taxi			
Tips			
Tolls			
Miscellaneous			
Total Due Attorney		\$ 16.00	
Total Client Charge		\$ 310.20	

Client Number:	1107
Client Name:	Monroe County School District
Destination (City/State):	Key West, FL
Reason for Travel:	To attend meetings
Special Instructions:	

**POSTED**  
3/16/04

*Receipts for meals and entertainment must have name, title and business purpose on back.*

*Accounting Department Use Only*

Meals: \$      Travel: \$ 310.20

APR 16 2004

Travel Voucher

V# 15354

To: District School Board of Monroe County

From: Name Bryant Miller & Olive, PAAddress 201 So. Monroe St., Suite 500City & Zip Tallahassee, Florida 32301Expenses incurred for attending: Consulting Services for January and FebruaryFrom: Tallahassee To: Key West Date: 1/23-23/04 Hour of  
Point of Origin Point of Departure Departure:

Arrived from: \_\_\_\_\_ Date: \_\_\_\_\_ Hour: \_\_\_\_\_

Per diem: \_\_\_\_\_ @ \$50.00 . . . . . \$ \_\_\_\_\_  
Number of Days

Registration Fee (Receipt must be attached). . . . . \$ \_\_\_\_\_

Number of Miles \_\_\_\_\_ @ \$ .29 . . . . . \$ 487.80 ✓Airplane fare (copy of airline ticket must be attached). . . . . \$ 112.94 ✓Other incidental expense Rental car + parking \$ 16.00 ✓  
Specify and attach receiptsTOTAL . . . \$ 666.74 *ly*Travel Expenses  
to be paid by:

School FTE

District ✓

Internal Funds

# \_\_\_\_\_  
Federal Proj.

Other (Specify)

**\*TRAVEL VOUCHERS MUST BE RECEIVED IN THE DISTRICT OFFICE WITHIN 30 DAYS OF THE RETURN DATE IN ORDER TO BE CONSIDERED FOR REIMBURSEMENT.**

I hereby certify or affirm that this travel claim is true and correct in every material matter and that the expenses were actually incurred by the undersigned as necessary travel expenses in the performance of my official duties.

Approved by: \_\_\_\_\_

Principal or Supervisor

*Boards*

School or Department

Superintendent

Payee: *LSA*

Signature

Date: 3/26/04**PAID**VOUCHER # 72054DATE APR 23 2004

(See Table follows)

FUND	YEAR	PROJECT	FUNCTION	OBJECT	CENTER	PROGRAM	TOTAL
0110		0001	7100	0330	9001		666.74

(See Other Side for Instructions)

Travel Voucher

V# 15354

To: District School Board of Monroe County

From: Name Bryant Miller & Olive, PA

Address 201 So. Monroe St., Suite 500

City & Zip Tallahassee, Florida 32301

Consulting Services for January and February

Expenses incurred for attending: \_\_\_\_\_  
 From: Tallahassee To: Key West Date: \_\_\_\_\_ Hour of  
 Point of Origin Point of Departure Departure: \_\_\_\_\_

Arrived from: \_\_\_\_\_ Date: 2/10-12/04 Hour: \_\_\_\_\_

Per diem: \_\_\_\_\_ @ \$50.00 . . . . . \$ \_\_\_\_\_  
 Number of Days

Registration Fee (Receipt must be attached). . . . . \$ \_\_\_\_\_

Number of Miles \_\_\_\_\_ @ \$1.29 . . . . . \$ \_\_\_\_\_

Airplane fare (copy of airline ticket must be attached). . . . . \$ 294.20

Other incidental expense Parking . . . . . \$ 16.00  
 Specify and attach receipts

TOTAL . . . \$ 310.20 *JS*

Travel Expenses  
 to be paid by: \_\_\_\_\_  
 School FTE ☒ District \_\_\_\_\_ Internal Funds \_\_\_\_\_ # \_\_\_\_\_ Federal Proj. \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**\*TRAVEL VOUCHERS MUST BE RECEIVED IN THE DISTRICT OFFICE WITHIN 30 DAYS OF THE RETURN DATE IN ORDER TO BE CONSIDERED FOR REIMBURSEMENT.**

I hereby certify or affirm that this travel claim is true and correct in every material matter and that the expenses were actually incurred by the undersigned as necessary travel expenses in the performance of my official duties.

Approved by: \_\_\_\_\_  
 Principal or Supervisor  
Bond  
 School or Department  
[Signature]  
 Superintendent

Payee: [Signature] Signature

Date: 3/26/04 **PAID**

VOUCHER # 72054  
 DATE APR 23 2004

Charges as follows

FUND	YEAR	PROJECT	FUNCTION	OBJECT	CENTER	PROGRAM	TOTAL
D10		0001	7100	0330	9001	7127	310.20

(See Other Side for Instructions)

PO 40002769

Bryant  
Miller  
&  
Olive P.A.

APR 16 2004

0110 7100.0310 -  
9001.000

Monroe County School District  
Attn: John R. Padgett  
Superintendent  
241 Trumbo Road  
Key West, FL 33040

January 30, 2004  
Our File Number: 1107-00M  
No: 19896

For Governmental Consulting Services and expenses incurred  
for the months of January and February 2004

Rev: SAUNDERS

Statement of Legal Services

Current Services	2,000.00
Total Current Work	2,000.00
Balance Due	<u>\$2,000.00</u>

PAID

VOUCHER # 72054  
DATE 4-23-04

Received By: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Approved For Payment: \_\_\_\_\_  
Vendor No.: \_\_\_\_\_  
V# 15354

\_\_\_\_\_  
Data Collection  
Approved  
Pay  
Date

Send wire transfers to Capital City Bank, ABA #063100688 for  
credit to the account of Bryant Miller & Olive P.A., Account  
[REDACTED], Attn: Bill Colledge - File #1107

0110:7100-0310 -  
9001.0001

Bryant  
Miller  
&  
Olive P.A.

PO 4000276

2013-10-10

Monroe County School District  
Attn: John R. Padgett  
Superintendent  
241 Trumbo Road  
Key West, FL 33040

February 23, 2004  
Our File Number: 1107-00M  
No: 20134

For Governmental Consulting Services and expenses incurred  
for the months of January and February 2004

Ln 1000000

Statement of Legal Services

Current Services

2,000.00

Expenses Incurred

Travel Expenses

487.50

PAID

487.50

Previous Balance

VOUCHER # 72054  
DATE 4-23-04

\$2,000.00

Total Current Work

2,487.50

Balance Due

\$4,487.50

Received By: [Signature]  
Date Received: [Signature]  
Approved For Payment: [Signature]

Vendor No.: 15354

Reviewed by: [Signature]  
Data Received: [Signature]  
Approved for Payment: [Signature]  
Vendor: [Signature]

Send wire transfers to Capital City Bank, ABA #063100688 for  
credit to the account of Bryant Miller & Olive P.A., Account  
[Redacted] Attn: Bill Colledge - File #1107

PLEASE ENTER OUR ORDER FOR MATERIALS OR SERVICES LISTED ABOVE  
IF GOODS CANNOT BE DELIVERED AS REQUESTED. PLEASE NOTIFY US AT ONCE.